

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10 / 5328	FILING DATE
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1				51	
2				1			52	
3							53	
4							54	
5							55	
6							56	
7							57	
8				3			58	
9				1			59	
10							60	
11				2			61	
12				1			62	
13							63	
14				2			64	
15				2			65	
16				2			66	
17				2			67	
18				1			68	
19							69	
20				2			70	
21			1				71	
22				1			72	
23							73	
24							74	
25							75	
26							76	
27				4			77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	2	↓		↓	TOTAL IND.	↓
TOTAL DEP.		←	36	←		←	TOTAL DEP.	←
TOTAL CLAIMS			38				TOTAL CLAIMS	